



Tukwila Police Department

Tukwila Police Officer Report for Incident 170006321

Nature:
Location: 280

Address: 12844 Military Rd S
Tukwila WA 98188

Offense Codes: 6510

Received By: Smith, A. How Received: T Agency: TPD
Responding Officers: Leavitt, G.
Responsible Officer: Leavitt, G. Disposition: ACT 10/06/17
When Reported: 13:02:53 10/06/17 Occurred Between: 13:02:53 10/06/17 and 13:02:53 10/06/17

Assigned To: Detail: Date Assigned: **/**/**
Status: Status Date: **/**/** Due Date: **/**/**

Complainant: 21447

Last: [REDACTED] First: [REDACTED] Mid:
DOB: **/**/** Dr Lic: Address: 12844 MILITARY ROAD S
Race: W Sex: F Phone: () - City: TUKWILA, WA 98188

Offense Codes

Reported: Observed:
Additional Offense: 6510 Involuntary Commitment

Circumstances

Responding Officers: Unit :
Leavitt, G.

Responsible Officer: Leavitt, G. Agency: TPD
Received By: Smith, A. Last Radio Log: **:**:** **/**/**
How Received: T Telephone Clearance: M Removed to Medical Facility
When Reported: 13:02:53 10/06/17 Disposition: ACT Date: 10/06/17
Judicial Status: Occurred between: 13:02:53 10/06/17
Misc Entry: and: 13:02:53 10/06/17

Modus Operandi: Description : Method :

Involvements

Date	Type	Description	Relationship
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Narrative

On 10/6/17 I responded to Cascade Behavioral, 12844 Military Road S, on an assault call. Cascade Behavioral is a clinic that treats substance abuse and mentally impaired patients. Upon arrival I spoke with the following witnesses:

Chief Nurse [REDACTED]: [REDACTED] advised that her staff were afraid of a patient, [REDACTED] who had assaulted one of her RN's, [REDACTED], and threatened to beat up other staff. Ms. [REDACTED] also advised that [REDACTED] had assaulted another patient, who was unable to protect himself and who was impaired.

[REDACTED]: I spoke with [REDACTED] and he advised that last night [REDACTED] had slapped pills out of his hand and also punched or slapped his arm. [REDACTED] said that [REDACTED] also threatened to kill him.

[REDACTED]: [REDACTED] is also a RN at the facility and said that [REDACTED] acted in threatening ways and said that he was going to destroy this place. [REDACTED] said she was afraid of [REDACTED].

[REDACTED]: [REDACTED] works at the clinic and heard a disturbance. He responded and found [REDACTED] on top of another impaired patient, [REDACTED], punching him repeatedly in the head.

[REDACTED]: [REDACTED] is a psychiatrist at the facility and advised that [REDACTED] was admitted two days ago for a mental evaluation via a "Petition for Initial Detention". The incidents that prompted this detention to Cascade Behavioral included hostile combative conduct with staff at other treatment centers. A copy of that petition is included with this report.

All of the staff I spoke with were afraid of [REDACTED] and believe that he poses a significant threat to them and other patients. Based on my investigation I believe that [REDACTED] poses a significant threat to the public if released. [REDACTED] behavior at Cascade Behavioral necessitated that he be restrained prior to police response.

When [REDACTED] saw me he began to say that he hated the police and was glad that a bunch of us were dying. He then laughed.

Based on my investigation I committed [REDACTED] to be committed to a secure facility for mental treatment and evaluation prior to release.

Tukwila Police Department

I certify under penalty of perjury under the laws of the State of Washington that all statements made herein are true and accurate and that I am entering my authorized User ID and password to authenticate it (RCW 9A.72.085).

Electronically Signed: Yes

Signature: Gary Leavitt #103

Tukwila/King/Washington

Date: 10/06/17

Organization Id = 1T7